

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000053527

1. Entity Name

POWER 99 II, INC.

FILED

Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90122 042 ***150.00

Principal Place of Business

5348 W 16TH AVE
HIALEAH FL 33012
US

Mailing Address

P.O. BOX 693192
MIAMI FL 33269-0192
US

2. Principal Place of Business

POWER 99 II INC

Suite, Apt. #, etc.

3. Mailing Address

5348 W 16 AVE HIALEAH FL 33012

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HIALEAH FL

City & State

HIALEAH FL

4. FEI Number

65-0705843

Applied For

Not Applicable

Zip

33012

Country

DADE

Zip

33012

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIRDOUS, CHAGANI
P.O. BOX 693192
MIAMI FL 33269

Name MAHMOOD CHARANIA

Street Address (P.O. Box Number is Not Acceptable)

15048 NW 7 AVE

City MIAMI

FL

Zip Code

33168

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-11-2000

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	CHAGANI, FIRDOUS	
STREET ADDRESS	19710 NE 10 COURT	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	P	<input type="checkbox"/> Delete
NAME	CHARANIA, MAHMOOD	
STREET ADDRESS	1987 NW 17TH TERR	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAHMOOD CHARANIA

Date

Daytime Phone #

1-11-2000

305 970 4694

CR2E034 (9/99)